

**Contradictions in Children's Centre service provision: the art of the possible in multi-professional work**

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# **Contradictions in Children's Centre service provision: the art of the possible in multi-professional work**

## **Abstract**

This paper makes the claim that establishing successful multi-professional working in Children's Centres can be viewed as the art of the possible when the work focuses on children's needs rather than on the availability and expertise of the multi-professional team. This requires a model for working that enables loose flexible arrangements of professional networks in order to collaborate on specific cases, thereby starting with the needs of the child. Exploring through interviews the working practices as perceived by a number of different professionals working in two Children's Centres in London, UK, the data identifies difficulties and contradictions in joint professional work. These contradictions are then discussed with the respondents together using an interventionist research methodology known as Developmental Work Research in order to debate possible future work developments. Contradictions in multi-professional work are seen as inevitable considering that tasks are constantly reassigned within changing organisations and teams.

## **Key words**

Multi-professional work; Children's Centres; developmental work research; contradictions

## **Introduction**

Since the inception of Children's Centres in the UK in the late 1990s there have been many debates in the research literature as to the purpose of their work and the efficacy and

effectiveness of their set up (Fitzgerald and Kay 2008; Hall et al. 2015; Bagley 2011). Seen as a strategy to tackle a number of sometimes contradictory needs including the ‘reduction of child poverty, alleviation of labour shortages and the need to raise educational attainment’ (Brehony and Nawrotzki 2011, 246) Children’s Centres have also provided an opportunity to develop more integrated professional working practices (Tunstall et al. 2005). The development of Children’s Centres has been lauded as successful in helping create community cohesion (Duggan Bio 2017) although flawed in the lack of joined up thinking about the difficulty of a top-down model delivering effective change on the ground (Hudson 2005, 12). Such contradictions are often associated with government policies and flagship programmes (Carroll-Meehan, Bolshaw and Hadfield 2017).

Within the early year’s sector, other contradictions also exist around competing discourses on the professionalization of the early year’s workforce. New certification developed to increase the status of those working in early years has caused commentators to argue over the relative benefits of adopting graduate accreditation for early years work (Osgood 2009; Curtis and Burton 2009; Waters and Payler 2015). Internationally, the desire for qualified staff in early childhood settings has been growing (US Department of Education 2014; Australian Children’s Education and Care Quality Authority 2012). Other developments in the early year’s workforce focus on new joined up working practices with professionals in health, social services and education working together with young children and their families. The services offered, either by or through, Children’s Centres are broad so as to match the varying needs of families who use them. Professional services commonly include health advice (for example, health check-ups with health visitors, breast feeding classes), childcare and early education (for example, play sessions with early years educators, baby massage, fathers’ groups) employment and housing advice and specialist support on parenting. Children’s

Centre managers build relationships with both statutory and non-statutory partners in their areas to arrange services. They may also buy in self-employed specialist professionals to match community needs and local initiatives (for example, artists in residence). The complexity of the situation has increased with shifting policy directives encouraging Centres to alter both their structure and their offer to their local communities. For example, shifting from a stand-alone model of working where one Centre serves one neighbourhood to a hub and spoke model of working in which services are shared across multiple Centres located across multiple neighbourhoods (Hall et al. 2019). Children's Centres are therefore embedded in a broad network of local partnerships with the co-location of services (where workers from another agency are based at a Children's Centre) increasingly enabling different professionals to work together.

Research into integrated or multi-professional working practices suggests that such work requires new and complex ways of professional working if it is to successfully support young children and families (Cooper et al. 2001). Children's Centres in England are seen to be at the forefront of this new way of working; a 'one-stop provision drawing together a range of health, education, welfare and care services' (Ball and Vincent 2005, 559). This paper considers the challenges and contradictions inherent in providing a one-stop provision and focuses on the work of a number of professionals in two Children's Centres in London. The research study's findings are considered in light of ongoing developments in integrated working practices with the discussion situated within the wider contradictory debates in the early year's sector.

### **Literature review: the complexity of Children's Centre working**

Sure Start Children's Centres were introduced in the UK as part of the then Labour government's Sure Start policy (DfEE 1998). Arising from local intervention programmes which promoted integrated approaches to supporting children and families the Children's Centre model was developed nationally (Cottle 2011). The purpose was seen as acting as a base initially in deprived areas for the provision of a range of integrated services and high quality full day childcare (Anning 2010). Children's Centres were then established more broadly with the aim of reducing inequalities in child development and improving parenting aspirations and skills (Leadsom and Hodgson 2013). National guidelines on the purpose of Children's Centres have shifted since 2013 from providing universal services for all to primarily targeting 'high need' families. In recent years media headlines have reported the closing of large numbers of Children's Centres with members of parliament accusing the current UK government of breaking its promise to protect the scheme (The Guardian 2017; Smith et al. 2018). Responses to these criticisms point out that local councils are merging Children's Centres in order to allow services to be delivered more efficiently by creating larger hubs to meet the needs of the community (Pre-school Learning Alliance 2018). A recent report finds that Children's Centre services are more thinly spread and provision diversified owing to declining resources. The report recommends linking Children's Centres closely to local schools (Smith et al. 2018).

Workforce developments in the early year's sector have seen the introduction of new graduate level qualifications and leadership accreditation (Carroll-Meehan, Bolshaw and Hadfield 2017). However, research suggests that established and experienced workers are not being recognised for their expertise especially in the smaller nurseries and childcare facilities with the voice of the workforce absent from consultations (McGillivray 2008). New qualifications and routes into leadership positions have been both welcomed by researchers

and criticised as further dividing a fractured workforce (Carroll-Meehan, Bolshaw and Hadfield 2017; Osgood 2010). Focusing on early childhood education as a technical practice hinders a sense of professional identity for early year's professionals (Miller 2008) and discourses around emotion and care are not being recognised (Osgood 2010). Additionally, previous research into multi-professional work in health and social care suggests that interdisciplinary learning is problematic (Cooper et al. 2001) and that inter-professional education does not fulfil its potential with regards to its effects on professional practice and health care outcomes (Zwarenstein et al. 2000). This has been put down to the fact that 'collaboration is difficult to achieve [and] not just for practical reasons but because different professional groups may conceptualise their practice in quite different ways' (Essen et al. 2000, 356). Bringing together different 'professional cultures, patterns of training, working practices, salaries and conditions of service' in early year's provision is therefore challenging (Sylva and Pugh 2005, 22). Hence, the potential destabilising of professional identities needs to be skilfully managed 'as new versions of knowledge are exemplified in new kinds of activities in integrated service settings' (Anning 2010, 1).

New inter-professional working practices for supporting integrated early years services have been explored in the research literature (Wong and Sumsion 2013; Cameron and Lart 2003). Factors have been identified which contribute to effective partnership approaches (Percy-Smith 2006). One of the key elements required in collaborative multi-agency working which is seen as more closely tied than simple partnership groupings or the co-location of providers is flexibility and a high degree of inter-professional trust (Edwards 2004). Edwards emphasises a different starting point when working with a number of agencies: 'the changing needs and strengths of the client' (2004, 4). Research into professional learning in multi-agency practice which acknowledges this change by focusing on children's needs rather than

operating within a system where the strengths of the teams shape what is offered focuses on the organisation of work and learning and the potential for developing this learning (Leadbetter et al. 2007). Adopting a cultural and historical activity approach to research, the findings of the project 'Learning in and for Inter-agency Working' highlight how the environmental circumstances need to be sensitive to tensions and contradictions in developing relational agency and truly collaborative working practices. Relational agency (Edwards 2005) highlights the importance of relationships for action and the term explains an individual's capacity to work with others to create collective expertise in order to implement action and change in an organisation. These practices have been reported as evidence of foundations for more integrated services where information sharing and transference of skills can successfully support multi-professional working in Children's Centres (Malin and Morrow 2007).

### **The research study**

The research study reported in this paper focuses on the inter-professional working practices in two Children's Centres in London (one in the west and one in the north of the city). Both Centres are in urban areas, serve underprivileged communities and have been in existence since the inception of Sure Start. They have remained operational whilst other Children's Centres in their areas have closed down. Both Centres are a year-round, one-stop shop for a wide range of services that support parents, expectant parents, and children in the Foundation Years (from birth to five years old).

The study uses an interventionist research methodology to address learning opportunities for multi-professional teams in Children's Centres. The aim is to develop the activity of the

integrated care of young children and provide ‘a more robust exploration of how different services and early years practice fit together’ (Georgeson and Paller 2011, 1). When working with a range of professionals tensions are highlighted in the fieldwork data and these stimulate discussion and negotiation on the activity of Children’s Centre work. Using developmental work research (DWR) methodology (Engeström 2007) the study illustrates how critical enquiry and debate on how and why changes have come about in the work of multi-professional teams can address what can be learned from questioning current practices. This form of intervention gives no expectation that the researcher will necessarily provide answers to contradictions in workplace practices but works with the participants in analysing practice in order to focus on future practice (Miettinen 2013).

Cultural Historical Activity Theory (CHAT) draws on Vygotsky’s concept of mediation where human action is seen to be mediated by tools. Tools mediate the interaction of individuals with their environment (Vygotsky 1986). As practice is changing often as a result of externally driven agendas ‘it is important to understand the cultural and historical contexts within which the changes occur’ (Leadbetter et al. 2007, 87). By analysing tools (their choice and use), it is possible to get an understanding of what is considered important in an activity as tools indicate how one interprets and tackles a task. In considering how the use of tools differs between Children’s Centre workers and how tensions appear in the activity of the Centres, insights into how the Centres’ existing practices promote opportunities for young children and their families are discussed.

Focusing on activity systems (Engeström 1999) rather than workplace practices has the advantage of the analysis of the work being at the systemic level. Looking at opportunities for systemic learning changes the focus of the research to the social context, and shifts



attention from the individual to the setting. The activity system is created from the perspective of the subjects working in it (in this case those professionals working in the Children's Centres). This includes the range of professionals interviewed for the study and other staff in the Centre with responsibility for its work. By using tools, participants will act on the object in order to produce an outcome. The essence of an activity is that it has an object (the problem space or significant societal goal that is being worked on by the participants in the activity) which in the activity of the Children's Centre could be support for child development and improving the lives of families for example. Whilst advocating the study of tools as central to how people work, learning in CHAT is considered at the level of the system. Engeström's activity system model includes community, rules and division of labour. This represents the social/collective elements in an activity system and emphasises the importance of analysing interactions between all system elements (Warmington et al. 2004). Thus, the activity system provides 'a unit of analysis in the concept of object-oriented, collective, and culturally mediated human activity' (Engeström et al. 1999, 9).

(Insert Figure 1 here)

Figure 1 illustrates an activity system for a Children's Centre and highlights the multi-voiced influences on the Children's Centre activity. By understanding the relationships between the different elements of the activity system and in particular, the contradictions between elements within the system the discussions in the change laboratory workshops start to explore the object of the activity.

Table 1 illustrates the fieldwork undertaken:

(Insert Table 1 here)

In semi-structured interviews, participants explained the focus of their work. Transcripts of interview recordings were analysed by coding the data into themes taken from the CHAT analytic framework noting apparent contradictions between the elements in the activity systems of the Children's Centres (Engeström 2007). The researcher then facilitated DWR workshops (known as change laboratories) with the professionals working in the Children's Centres and these were designed to explore the tensions or contradictions identified in the transcript analyses. This was done by initially explaining the CHAT analytic framework and then presenting illustrative data known as mirror data chosen by the researcher to highlight suggested contradictions in the activity systems.

Informed-consent procedures were intended to minimise negative personal and social consequences, and served the purpose of allowing subjects to assess the risks of their participation in the study. A reminder to those involved that everything was on record was evident owing to the conversations being recorded. Concern was about protecting the identity of respondents. Each was providing information on their understandings, beliefs and attitudes towards their work and aspects of their professional identity. To offer confidentiality was consistent with the aim of empowering respondents in the sense that they retained control over the circumstances under which their personal views entered into the discourse. Therefore, anonymity and confidentiality were promised as far as is possible. Explanations of the purpose of the study and communication with regards to access to research settings, gatekeepers, and the participants were given ethical clearance by the researcher's University ethics committee. Data analysis included readings of transcriptions, condensing and sorting the data before considering contradictions and tensions in relation to the elements in the identified Children's Centre activity systems. As data from the first phase (the interviews) is used as mirror data for the second phase (the change laboratory workshops) opportunities to

discuss researcher interpretations are enabled in relation to the potential contradictions highlighted. In this way a process for commenting on data during the second phase of the research is possible. Participants' responses during the second phase are quoted in some detail with regards to the length of quotations used in the reporting of the workshops. This is an attempt to ensure, as far as is possible, the trustworthiness of the research data generated as a result of the experiences of the informants, as opposed to the preferences of the researcher.

## **Findings**

### ***Phase one: the semi-structured interviews***

The purpose of the phase one interviews is to explore the working practices as perceived by a number of different professionals when working in a Children's Centre. The interview schedule asked respondents to explain the focus of their work. Table 2 shows the difficulties and contradictions identified after analysing the participants' responses to questions about their professional work. It links these contradictions to the CHAT concepts within the Children's Centre activity system.

(Insert table 2 here)

Children's Centre A was about to undergo considerable change. A council wide consultation had taken place the previous year and during the initial interviews, the Centre staff explained that the Centre was to change its management structure. This meant that the current Centre manager who also worked on the senior team in the partner nursery school would no longer

manage the Centre. The Centre was to be decoupled from the nursery school and run by a new council service created to manage all Children's Centres in the authority. The start date for this was uncertain and had constantly been delayed. By the time of the change laboratory workshop the predicted takeover was due to take place within eight weeks. The Centre's website stated: 'the Children's Centre is currently re-organising the provision to enable a better, more productive range of services that can be accessed easily by local parents.' Naturally, the takeover and the consequences of this permeated much of the interview data and also created a sensitive backdrop to the workshop discussion.

Table 2 indicates the unsettled history of the Centre's accountability measures in the contradiction identified between the rules and subject in the Centre. The mirror data describes temporary contracts and inconsistent reporting systems when evaluating the Centre's work over the past years. Reminiscent of the description of the change from localized Sure Start programmes to the advent of Children's Centres themselves (Bagley 2011) there is a wary response by some of the respondents to what is considered an external threat with a fear that local involvement in shaping and accessing service provision may be reduced and the multi-agency team destabilized. This concern is illustrated in the table where the contradiction suggested between the rules and the community describes larger hubs as being promoted by the council rather than smaller communities. The mirror data illustrates the dangers of losing the flexibility in being able to respond to specific needs and to build on the mutual trust gained from familiarity with a small set of staff. This flexibility is replicated in the referral system (a contradiction between subject and community) where the Centre sees its work as preventing referrals from moving up the process (to Social Services for example) as clients are more comfortable in the local setting.

However, the contradictions illustrated in the subject and tool elements highlight Edwards' concern (2004) where the strengths of the team shape what is offered to the client owing to the availability and access of services for the Centre. A sense of working in isolation is also expressed in the contradiction identified with the division of labour where professionals are 'doubling up' work because of a lack of communication. It is recognised that the 'hard to reach' families are not as visible as desired and as is often associated with the term 'hard to reach' these families may be considered socially excluded and therefore need to be brought in and re-engaged (Crozier and Davies 2007). A number of tools were identified as attempting to do this such as posters, fliers, programme schedules, and word of mouth recommendations. However, the contradiction is identified as being between the tool and the object; i.e. how is the tool working on the object? Therefore, it could be expressed that the Children's Centre is considered hard to reach by the families. The analytic focus therefore shifts to the effectiveness of the tools being used by the Centre to involve these specific families.

(Insert table 3 here)

Tables 3 shows the suggested contradictions identified in Children's Centre B. Some suggested contradictions in table 3 from the interview data from Children's Centre B are similar to Children's Centre A in relation to how tools are used by subjects. Concerns are around accessibility and availability of services with some of these being reduced owing to budgetary cuts and a lack of time. Other services are being affected owing to the working practices of the professionals involved. The contradiction frequently highlighted in the literature on multi-professional working is that of data sharing and how sharing information as a tool can work on early and effective interventions to support children and families. There are long-standing problems in contacting other agencies with a great deal of debate on

what information should be stored on databases and who should have access to it (Foley and Rixon 2014). 'Many agency records are in a state of flux as information storage and retrieval systems are continually being redesigned to accommodate new government and management directives' (Anning 2001, 98).

There are greater concerns in Children's Centre B however about how roles are enacted and viewed across the Children's Centre workforce. These suggested contradictions affect a number of the activity system's elements. For example, from how professionals have been contracted to work in the Centres (changing practices between the subject and the rules of the activity) to contradictions between the subject and community in terms of role status: who is accountable to whom and whose opinion should be taken when advising Centre clients? Such contradictions reflect the constraints identified in the literature from more traditional working practices and managerial arrangements (Nelson, Tabberer and Chrisp 2011; Brabazon 2009). Tensions are concerned around the consistency of service across the area (identified in a contradiction between the community and the object) with health visitors adopting a variety of different relationships with Children's Centres. Contradictions are also identified in the division of labour as professionals highlight the importance of using their specific expertise and then feel threatened by others when their role appears to merge with that of other workers. These contradictions reflect the dilemmas in practice identified in the literature around professional identity, power and control, territory and expertise (Rose 2011).

A contradiction considered between the subject and object of multi-professional work is expressed as an over emphasis on focusing on individual workers at the Children's Centre rather than their work. In CHAT terms, the problem with individually oriented strategies is that they make the person into the object of the activity rather than shared practices,

appealing to individual beliefs in the hope that changed beliefs will lead to changed practice (Nuttall, Thomas and Henderson 2018, 88). This tension is illustrated in another contradiction in table 3 between the subject and the object where for some subjects financial objectives have to be prioritised in their work in order for their working practices to exist. For these subjects their object may primarily be about supporting the sustainability of their working practices; a 'primary task' which conflicts with their professional task but which for many practitioners is an inevitable feature of their engagement with the work situation (Elfer 2007).

### ***Phase two: the change laboratory workshops***

The purpose of the phase two change laboratory workshops is to explore the contradictions identified in the interview transcript analyses with the respondents together. This is initially done by discussing the CHAT analytic framework and then by looking at each identified contradiction in order to debate possible future work developments. This section reports on the discussions in the change laboratory workshops.

#### *Children's Centre A*

As mentioned previously, the discussion in Children's Centre A was dominated by the sensitive situation of an imminent new structure for the running of the Children's Centre. Primarily, the short timeline for the takeover and the lack of information on how the Centre would be affected appeared to create the most tension:

My hope is that they [the new management group] really have listened to what we have been talking about with regards to relationships and listening to parents but because it is all unknown at the moment that would be our concern. There's a director that will be coming into post quite soon, and there's an interim operations manager who seems to be leading on everything at the moment. People are getting anxious and rightly so because we're only 8 weeks away and there are questions that haven't been answered yet.

There's still quite a lot unknown. That is worrying for people. We were voicing our concern about parents not knowing. There has been some negative stuff around Children's Centres in the past where they were closed down. We've been saying we should celebrate this change and families need to know it is a good thing.

A concern felt by the family support workers in the Centre was the potential loss of flexibility in planning without being able to work alongside the nursery school:

We are all worried because we have been able to say as a school 'yes you can run that, that is not a problem'. I think the concern is whether that is actually going to still happen with another body of management. We have been able to be flexible. We have been able to say yes to things and to follow what our catchment area of parents needs.

The possibility of an increased number of people working in the Children's Centre worried staff that a loss of familiarity would prevent the development of supportive relationships,



which they felt, was the backbone of effective intervention and support work. The psychotherapist noted that ‘lots of families wouldn’t necessarily say I want to book a meeting to talk about this with you but they’d say, “Oh I’m glad I’ve seen you” but they wouldn’t connect that with support.’ The Children’s Centre manager agreed:

If you had different staff in each day, you wouldn’t get those deep meaningful relationships. If we have different professions coming in, I have seen it happen when the health visitors all changed we lost those close relationships for a period of time.

Nevertheless, there was hope that increased time in the Centre for those professions who were to be based there would help the continuity of practice:

I think eventually there will be health based in the Centre. There will be a health visitor office. I think that will be an excellent thing. It might stop that working where one professional is doing one thing and another professional is doing the same; families then disengage with things.

### *Children’s Centre B*

Implicit tensions acknowledged in Children’s Centre B were seen to be prevalent at a number of different levels with these contradictions playing out in different ways depending from whose perspective the situation is being viewed:

So much of this feels like it's the art of the possible and it depends where you are sitting. If you are feeling disempowered and your funding is about to go and there's a high turnover of colleagues you can see the whole thing as calamitous. Or you can be sitting in a place where you can think okay we can ride this, we're quite resilient.

As a Children's Centre it was also acknowledged that the object of the work, here identified as being about prevention, could be quite different to the object of other work in early years:

We're trying to bring things down to the universal level but there's a tension as there's the tougher and more severe things, which inevitably and rightly take precedence over what our 'raison d'être' is, which is about prevention. There is an implicit tension within the model and if the resources are limited, that is then going to exacerbate it.

When working in a multi-professional way staff valued new agreements which set the understanding of collaborative input thereby ensuring joint initiatives beyond an informal getting together of resources:

The new parents group was built into the service level agreement that the fundamental thing was delivering this with health. So the parameters were set and there was an understanding already from health that we were delivering this together. That really broke some of the barriers. Whereas, we have other people who we are working with where more often than not there isn't a shared line of responsibility. There might be bit more accountability but most of it is through

negotiation and influence and it's quite hard as you don't know what they are having to do with the rest of their time and their demands.

In seeing documented multi-professional projects as the ideal for establishing accountability and responsibility for joint work, it was also recognised that different professions are experiencing re-shaping and new workforce practices, which inevitably impinge on how they view joint work. In comparing inspections and new organisational arrangements implemented in the past in the Children's Centre, the manager appreciates that tensions are not necessarily about work undertaken on the ground:

You've got the different factions that are undergoing major changes at the same time. We've had our major change and no doubt we're expecting another one at some point. Taking on board that health is undergoing a major change and shift across the country and early help as well, you might be talking to somebody who doesn't have a great deal of autonomy and is going to have to go back and check it out. These tensions are pulling us apart and pushing us together.

Joint work was seen to be more robust and effective when it was part of the organisational structure of the Centre and unlike Children's Centre A which was being de-coupled from the local nursery school, Children's Centre B believed the link to the nursery school held the most tangible benefits:

The way we work with families and the nursery as two elements coming together I think is a really powerful robust model because we hold it through our management system and our governance arrangements and to me there are very

tangible benefits. Other bits of the system are functioning less effectively and the demonstrable outcomes are harder to really fathom. I do think that this is a particularly powerful model having the Children's Centre sitting within the infrastructure of the nursery school and the interactivity between the two.

Such localised positioning was also seen as important in relation to the increased commissioning of services at a local level and now with less coordination from the local authority:

I can see that's what the local authority did last time in the last restructuring here. They disaggregated things to a degree but in a sense, what they then did is they gave the commissioning of those services where they were located in schools to the school to deliver on. On one level, it feels like there are forces that are coming together on a local authority level and some things seem to be more knitted together and in other ways because we are being more commissioned to deliver this stuff – it's almost like we'll give you the money and you go and get on with it. There was a key individual in the authority for example who had a co-ordinating role and she's gone and that role doesn't seem to have been filled. The penny is dropping that any kind of that interconnectedness between Centres we need to be the engine for developing that further. So on one level I see opposing forces happening in some things and in other ways, it's becoming more fragmented.

This disaggregation of services and resources was also reflected in the latest tools introduced which counter previous attempts to co-ordinate multi-professional work:

There's a single point of access form that we are being told will no longer be used because so many different agencies have their own form and I suppose it was an attempt to bring together and it feels like people have given up on it and for whatever reason one size does not fit all. It's interesting that that tension, it's like the Centre cannot hold really which is intuitively wrong.

This goes against a stated desire by the Centre manager to work on cross partnership communication. She recognises that this goes beyond the work of just those who work in the Centre:

It has made me rethink like how are we going to bring this together, and at what levels – what's going on above with the managers; two different forces again. So for me this look at contradictions is really useful. It highlights to me the little time I have spent with partners.

Cross partnership communication also goes beyond the actual tasks and activity and involves professional identity and an awareness of contradictions experienced by professionals:

If you are doing a family learning project around children developing their communication, you have a speech and language therapist and you have a health visitor and an early year's educationalist, they are all working within slightly different paradigms. But if you decide that this is what you are going to focus on, you can pull together and that's when we become more than the sum of our parts. Ultimately, partnership working is resource heavy and quite stressful. Part of that

is about understanding each other's professional identity; some of those threats that people have or anxieties under the surface. It feels that if you don't continually do that kind of development work there's plasticity about it and the natural thing is to disaggregate and just become these separate islands, and it's not a natural state for us to be held like that, so you have to keep working on it.

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## **Discussion and concluding comments**

Findings in this research start to suggest how different professionals can work together to ensure that the integrated care of children is kept at the forefront of tackling the 'disparate discourses' that have been identified in integrated pre-school practice (Payler et al. 2008). If multi-professional working is to benefit the work of Children's Centres an account of the other activity systems interacting with a Children's Centre's activity system needs to be acknowledged. Participants in the Children's Centre activity systems are working in more than one activity system, as their work is complex and requires them to be involved in a number of different activities. For example, a family support worker will work on particular family casework outside of their work in the Children's Centre. Hence, their interpretations of the Children's Centre activity system object could be seen differently because of working in other activity systems:

Given our capacity to inhabit multiple activity systems ... what matters most is our ability to recognise and engage in these relationships in order to enhance our interpretations of the objects of our actions and resources that might support those actions. (Edwards and D'Arcy 2004, 150)

As expressed in the change laboratory in Children's Centre B, professionals are working within their own structures and these may not align with the training expected and the work enacted during inter-professional work.

The object of the Children's Centre activity system may be understood differently (or even contested) by the system's participants, who are likely to bring many motives to the collective activity. This effect on the object by multiple activity systems has joint activity as its unit of analysis and addresses the structure of the social world with a focus on possible contradictions in the interaction of multiple activity systems' objects. This is illustrated in the early year's literature where tensions in terms of consistency of service in Children's Centres across areas has been reported with a lack of knowledge of each other's roles and a lack of trust between professionals (Nelson, Tabberer and Chrisp 2011). To move forward on collaborative working, efforts are also needed at a strategic (or higher managerial) level as suggested in Children's Centre B in order to develop a clearer understanding across agencies on the Children's Centre's object 'followed up by work at management level on the development of local services in partnership' (Nelson, Tabberer and Chrisp 2011, 308).

Practical applications with regards to effective service provision in Children's Centres focus on personalised collaborative ways of working where more traditional patterns of communication may sometimes be sidelined in favour of new interagency forms of practice. For example, as expressed by one Centre manager 'cross partnership communication goes beyond the actual tasks and activity and involves professional development'. She wanted professionals to be confident with building their knowledge about the kinds of skills and expertise other professionals can offer and then be comfortable in understanding how between themselves they can access and use this expertise. The Centre manager saw

her role as supporting a more non routine way of working by initially spending more time with partners and then creating opportunities for them to interact with one another without her necessarily orchestrating their working practices. This, she felt, could be helped by co-locating professionals and by modelling new ways of working. She wanted to enable professionals to appreciate the benefit of partially improvised decision making in order to meet the personalised needs of the child. This also requires strategic support from agencies by placing effective interagency working at the centre of professional development. Similarly, cross Centre collaborations ('the penny is dropping that any kind of that interconnectedness between Centres we need to be the engine for developing that further') require purposeful staff development work. Climates that support flexible, responsive action by professionals can also promote learning for future practice by highlighting ways in which staff have negotiated contradictions identified in their working practices (Daniels et al. 2007).

CHAT sees evolution as the 'transitions and reorganisations within and between activity systems' (Warmington *et al.* 2004, 5). Tensions may arise from different perspectives but these may not necessarily represent problems and may help to develop the activities in innovative ways allowing contradictions to provide opportunities for development. In Children's Centre B, the manager concludes the change laboratory:

This process this morning has been interesting. I want to draw up an action plan with partners and a workshop meeting to utilise some of the data.

Working across professions needs constant effort ('you have to keep working on it and keep the engine going'). Socio-cultural theories recognise the holistic nature of children's



development, ‘the bi-directional influences of the socio, cultural and political contexts in which they grow’ (Wong and Sumsion 2013, 343). Consequently, activity theorists argue that a model for working may be to ‘conceptualise loose flexible arrangements of professional networks to collaborate on specific cases or problems’ (Anning 2010, 10) thereby starting with and focusing on the needs of the client. Contradictions in activity are inevitable as tasks are reassigned within changing organisations and teams. Developmental work research methodology encourages such contradictions be debated openly in order to enable new developments to occur.

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Figure 1 An Activity System for a Children's Centre

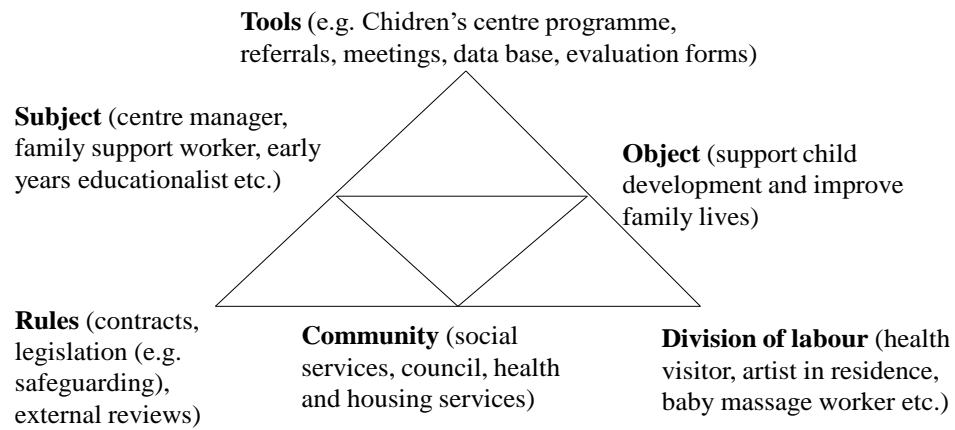


Table 1

<b>Research Method</b>	<b>Children's Centre A</b>	<b>Children's Centre B</b>
Observations during the visits to the children's centres	Children centre activities with a range of professionals involved in young children's care and education	Children centre activities with a range of professionals involved in young children's care and education
Interviews (each ranging from 45 minutes to an hour)	<ul style="list-style-type: none"> <li>• Head teacher</li> <li>• Children's Centre manager</li> <li>• Children's Centre receptionist</li> <li>• Family Support Worker</li> <li>• Early Years Educator</li> <li>• Psychotherapist</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Centre manager</li> <li>• Family Support Worker</li> <li>• Artist in residence</li> <li>• Housing manager</li> <li>• Breastfeeding worker</li> <li>• Baby massage specialist</li> <li>• Health visitor</li> </ul>
DWR workshops (change laboratories) – 90 minutes in each children's centre	Facilitated by the researcher after the interviews had been transcribed and analysed	Facilitated by the researcher after the interviews had been transcribed and analysed
Documentation	A range of materials on the work of the centre available on the internet and handouts and slide show presentations	A range of materials on the work of the centre available on the internet and handouts and slide show presentations

Table 2

Contradictions between the elements in the Children's Centre A activity system

<b>Elements</b>	<b>Contradiction</b>	<b>Quotation to illustrate (mirror data)</b>
Subject / tool	Access to partners	A particular service, which I found really difficult to get involved, was the family nurse partnership. A few years ago, we were trying to get them to come in and it was really difficult.
Subject / tool	Availability	It's just the changing programme of what's available. These services rise, other services get lost, and it just depends on what is available.
Subject / rule	Temporary contracts / changing reporting requirements	For the last so many years the children's centre contracts have all been temporary and there has been a lot of changes which have happened over that time and because it has always been temporary we've had quite a few different people coming in and they've changed the reports that they've wanted
Subject / community	Levels of referral	With our band of support workers here, I think they are doing that higher level stuff because our families don't want to be referred into another service. They want to come into a place where they know faces, they know there's a daily play group they can drop in and have a talk with the family support worker while their child is playing rather than going into an office.
Tools / object	Hard to reach families	We would like to have more of the needy families but they are hard to reach, very hard to get them to come.
Rules / community	Small community / larger hubs	It's transference of the trust; I benefit from the good feeling that families gain through bringing their children here; they then will see me.
Rules / community	Small community / larger hubs	I've got one family in there at the moment of 3 days, a little boy with ASD because we were free in the afternoons literally he had settling in sessions for half an hour when nobody was here and he now comes and he manages the noise. He manages the children so it's seeing parents and the children change for the better, feel at home, and build their relationships.
Division of labour / object	Doubling up work	I think a challenge can be when for instance a health visitor is working with a family and we don't know that they are doing that piece of work and we're then trying to do a piece of work and we're doubling up.



Table 3

## Contradictions between the elements in the Children's Centre B activity system

Elements	Contradiction	Quotation to illustrate (mirror data)
Subject / tool	Time as a resource	People are constantly saying 'Oh, I haven't got time.' I think that's a shame. But because the resourcing is not there, and the capacity is not there ... I am really conscious of partners' time as well.
Subject / tool	Accessibility	There are some partners 'I just come in, use a room, and go'. If you're not visible, parents don't get it in their head that you're there for a service. Then staff find it hard to refer.
Subject / rule	Changing history of work practices	There's been a to-ing and fro-ing from the family support workers being based in children's centres, then not being based, and then going back to two half days a week. So it's been quite changeable for them really.
Subject / rule	Budget cuts / role capacity	We're inundated with work; there are shortages, there are closures right across the country, there are cuts in terms of finance, so they might be saying 'we haven't got the staff' and I'm actually saying 'I equally haven't got staff, so we need to meet halfway and try and see how we can make this work.' I think that is one of the biggest challenges; resources and changes, the money, the cuts, shortages of staff. That is what mainly causes problems.
Subject / community	Role status	There will be different ideas in the same team about what works and what doesn't. It can be very difficult for us, as we do not feel we can undermine what the doctor or midwife is saying because they are the medical professionals.
Subject / community	Support structures	I'm sure there are services out there, which we don't know about. It needs somebody somewhere to do a central kind of thing where you can just look, and in this day and age, you'd think there would be some up to date directory. It doesn't really exist.
Subject / object	A focus on individuals and not the work	What I'm doing is, I think, sometimes very much on an individual level. I want them to start understanding each other's jobs, in relation to the children's centre and their own work, and the benefits of that.
Subject / object	Financial objectives	The climate now is that everyone as a partner has to kind of sell themselves. Everyone's thinking 'how are we going to generate money?' It's frustrating you're dependent on charity funding. It's a nightmare. I don't know if I can hang on in there. I'm waiting on what might be around the corner. I need to make some decisions about how long I can keep it going.
Tools / object	Data sharing	The children centre database is shared with the local authority; they have access to it. Unfortunately, it's one that doesn't talk to the health one. Social care have another one. So we don't have access to that. It's been an ongoing issue.
Tools / object	Service availability	I think we are missing agencies. I know that we signpost

		across to [another children's centre] and they do the same to us, but like the citizen's advice bureau, I think that was a great loss not to be in every centre.
Community / object	Service capacity	Depending on the staff, they might do a little bit extra, which I have been trying to stop at the moment because what I then get is one children's centre saying 'you're going to [centre name] and you're providing them an extra session.'
Division of labour / object	Role expectations	It is a challenge if the centres are expecting huge bits of casework from the family support workers or if they are expecting the family support workers to act as another member of staff in the same play session and utilising them as another pair of hands instead of using their skills
Community / Division of labour	Role definition	The health visitors are feeling our job is being taken away from us because they've got family support workers who they are training up to more or less do our role. People have been worrying about whether our role will end up being dissolved because if they can employ cheaper people to actually do a good job then we're ... it just feels like that is what is coming through the local authority because they're the holders of the budgets now so they're wanting to employ cheaper labour.